CITY OF MILPITAS EMPLOYMENT APPLICATION



SUBMIT TO:

City of Milpitas 455 E. Calaveras Blvd. Milpitas, CA 95035 (408) 586-3090 TDD (408) 262-3081

	FOR OFFICE USI	<u>E ONLY</u>	ID
Date received:			
Accepted	☐ Not Accepted ☐ Education ☐ Experience Other:	☐ Incomplete/Illegible ☐ Typing Verification ☐ Late Filing	

PLEASE NOTE:

- A separate application is required for each position applied for.
- Type or print in ink. Incomplete or illegible applications will **NOT** be considered.
- Keep Human Resources informed of any change of address; otherwise you may lose your opportunity for employment. Materials submitted with the application will not be returned. 4. Faxed applications will not be accepted. Position: **PERSONAL** Soc. Sec. No. Full Name: (First) Address: (Street) (City & State) Business or Day Phone: () Home Phone:__(___) Age (if under 18) _____ Valid Driver's License? ☐ Yes License #_ Class A B C M (circle one) ☐ No Expiration (A driver license may be required for specific position. Refer to the job announcement or contact the Human Resources Office for details.) ☐ Are you currently or have you ever been a member of Public Employees Retirement System? ☐ Yes ☐ No ☐ I have a relative who is an official or employee of the City of Milpitas (Name and relationship of relative) Circle Highest Year Completed: 7 8 9 10 11 12 13 14 15 16 17 18 High School:___ High School Diploma? ☐ Yes ☐ No (Name and Location) GED? ☐ Yes ☐ No **COLLEGE OR UNIVERSITY** Name and Location Major Degree Date Units □ Qtr ☐ Sem ☐ Qtr □ Sem □ Qtr ☐ Sem Business or Trade School: (Name and Location) (Training) Professional Licenses, Certificates or Registrations: Languages spoken fluently other than English: **CONVICTIONS** Have you ever been convicted of a felony or misdemeanor (do not list those convictions which have been sealed, expunged, or statutorily eradicated or traffic citations), or been on parole or probation? \square Yes \square No List all convictions after your 18th birthday. (A "yes" to this question is not an

automatic bar to employment. Each case is considered individually.) If "yes," please explain fully. Attach a separate sheet if this space is not adequate.

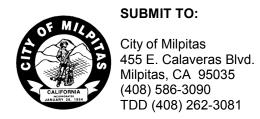
EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

Starting with your present or most recent employer, please account for your work experience during the last ten years (VOLUNTEER EXPERIENCE MAY BE INCLUDED). Please attach any information which is applicable to the job applied for.

RESUMES MAY BE ATTACHED BUT NOT COMPLETING THIS SECTION WILL BE GROUNDS FOR DISQUALIFICATION

From:To:	Job Title or Occupation:		
Hours Per Week:	Employer's	name and address:	
Beginning Salary:	Employers	name and address.	
Ending Salary:			
MAY WE CONTACT THIS EMPLOYER?	☐ Yes	□No	
Duties and responsibilities:			
Reason for leaving:			
From:To:	Job Title or	Occupation:	
Hours Per Week:	Employer's	name and address:	
Beginning Salary:			
Ending Salary:		□ Na	
MAY WE CONTACT THIS EMPLOYER?	☐ Yes	□ No	
Duties and responsibilities:			
Reason for leaving:			
From:To:	Job Title or	Occupation:	
Hours Per Week:	Employer's	name and address:	
Beginning Salary:			
Ending Salary:			
MAY WE CONTACT THIS EMPLOYER?	☐ Yes	∐ No	
Duties and responsibilities:			
Reason for leaving:			
THE CITY O	F MILPITAS	IS AN EQUAL OPPORTUNITY EMP	PLOYER
I hereby certify that all statements made in misstatement or omission of material fac I authorize investigation of all matters con examination by a City physician, to sign at work in this country as may be required as	ct will cause stained in this n oath of offic	forfeiture on my part of all rights of en application. I further agree to be fingerpe, and to furnish such proof of age, educ	mployment with the City of Milpitas. printed, submit to a complete medical
(Signatur	 re)		(Date)



APPLICANT INFORMATION - THIS SECTION IS VOLUNTARY

The informatio	n below will be used onl	y for statistical purposes a	nd will not be used	to evaluate your qualifications.
Position:				
SEX Male Female AGE Over (40)	ETHNICITY ☐ White (not of ☐ Asian/Pacific ☐ Hispanic Islander ☐ Black/African ☐ American Ind. / ☐ Other American ☐ Alaskan Native		DO YOU CONSIDER YOURSELF A DISABLED PERSON (as defined by the Americans With Disabilities Act)? No Yes If you require accommodations during the examination process, please contact Human Resources at (408) 586-3090.	
How did you	learn about this position	on?		
☐ 1. Newspaper. Which one?			4. Posting at City Facilities	
2. Other publication. Which one?				☐ 5. Job Hot Line
☐ 3. Other job posting. Where?			☐ 6. Other	